(102) Cer	rtification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	468016
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015

Mike Felicissimo

mike.felicissimo@viaero.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.

<030> Contact Name - Person USAC should contact regarding this data

<039> Contact Email Address - Email Address of person identified in data line <030>

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting of	arrier. I
	onsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized	
agent; and, to the best of my knowledge, the reports and da	rovided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		0.000
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information repor	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:	10724	
ignature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent	t	
elephone number of Authorized Agent or Employee of Ag	gent:	
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

# **Attachments**

....

(060) Coverage and Performance Report	2000年的特别的第三人称单数的特别的 <b>是</b>	FCC Form 690
STANDED TO STAND OF THE STAND O		Approved by OMB
	STATES AND A STATE OF THE STATES	OMB Control No. 3060-1185
0于节队最多20多条建设数是苏罗尔多美。	天子以日本的《大文》。	· 通過工程量

<010>	Study Area Code	468016
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year	07/2014 - 06/2015

<141>

cal>	(4)	<a3></a3>	   	<b2></b2>	<b3></b3>	<cl></cl>	<02>	<c3></c3>	co I
tate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
00	Mineral	0000	o	0	0	0.0	0.0	0.0	Yes
		1							
181									
_									
						-			
			_						
_									
			-						
		-							
	_								

Percentage of
<b>Total Population</b>
Reached by
Service

0		
		1
		1

Percentage	of Total
Road Miles	covered
by Ser	vice

		_	-	_	- 1
0					

	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	468017	
<015>	Study Area Name	NE Colorado Cellular, Inc.	
<020>	Program Year	2015	ACCEPTED/FILED
<030>	Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	JUL - 1 2015
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com	,
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill <042> Cite the Study Area Code (SAC) for the Fo	ed with the Form 481 reporting	<041> <042>
<050>	Carrier Contact Information	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	<u>Urban Rate Comparability Certification</u>	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area con	er tribal lands? Yes or No)	O •
<090>	Project Update Information	(If yes, complete the attached worksheet)  (complete attached worksheet)	<080> <090> ✓
<100>	Certifications <101> Reporting Carrier Certification (comp	elete attoched certification)	<101>
	<102> Agent Certification (comp	lete attached certification)	<102>

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Cari	rler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		468017	
<015>	Study Area Name		NE Colorado Cellular, Inc.	
<020>	Program Year	The state of the s	2015	100000000000000000000000000000000000000
<030>	Contact Name - Person USAC should contact regarding	ng this data	Mike Felicissimo	
<035>	Contact Telephone Number - Number of person iden		9705423605 ext.	
<039>	Contact Email Address - Email Address of person ider	ntified in data line <030>	mike.felicissimo@viaero.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0008314569		
<111>	Filing Carrier Name	NE Colorado Cellula	er Inc	
<112>	Winning Bidder Carrier Name	BECOMES OF THE STATE OF	VEC	
<113>	Street Address (or PO Box)	NE Colorado Cellula 1224 W Platte Avenu	H102	
<114>		Fort Morgan	46	
	City			
<115>	State	co	atte	
<116>	Zip-Code	80701		
<117>	Telephone Number	9705423605 ext.		***
<118>	Fax Number	9708673589		
<119>	Email Address	mike.felicissimo@vi	aero.com	123
Contact In	if same as above, indicate in this box  Name (First, MI, Last, Suffix)			
<121>		Mike Felicissimo	in securi	- TO
	Filing Carrier Name	NE Colorado Cellula:	r, Inc.	
<122>	Street Address (or PO Box)	1224 W Platte Avenue	ρ	
<123>	City	Fort Morgan		
<124>	State	co		
<125>	Zip-Code	80701	(A)	*3
<126>	Telephone Number	9705423605 ext.		
<127>	Fax Number	9708673589		
<128>	Email Address	mike.felicissimo@via	aero.com	-
Authorize	d Agent Information if no agent, indicate in this box	]		1-
<130>	Name (First, MI, Last, Suffix)	<u>v</u>	Nr	
<131>	Company			
<132>	Street Address (or PO Box)	8200		-3-12.
<133>	City			
<134>	State			100
<135>	Zip-Code		* **	i de
<136>	ASSUTACE PRODUC			
	Telephone Number	-	14.6	
<137>	Fax Number			
<138>	Email Address			

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	468017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year 07/2014 - 06/2015	
	Construction  Coverage and Performace attachements	not completed.zip

<141> <a3> <a3> <br/>
<br/> <c1> <c2> <c3> Total Certify that Road Road Road Miles per Miles Coverage and **Total Resident** Miles Census Resident covered Performance data Resident Population Population per Block per is uploaded Population per **Newly Reached** Reached by Census (Yes/no) Newly Census State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet

Percentage of Total

Road Miles covered

by Service

Percentage of Total

Population Reached by

Service

(070) Urb	ian Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	468017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	Certification of Officer or Emplo	oyee as to Compliance with 47	CFR §54.1009(a)(4)	
l certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my responsib	oilities include ensuring compliance	with 47 CFR §54.1009(a)(4	), the information reported on this
Name of Reporting Carrier: NE C	Colorado Cellular, Inc.			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/30/2015
Printed name of Authorized Officer:	Mike Felicissimo			
Title or position of Authorized Officer:	Executive Vice President			
Telephone number of Authorized Officer:	9705423605 ext.	17most to		
Study Area Code of Reporting Carrier:	468017	Filing Due Date for this form:	07/01/2015	

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

rized agent is accurate.
Date:
e for this form:
e

Certification of Agent Authorized	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of my	knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	501 We (12 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
4.1				Page 5 of 8
			and the state of t	
<010>	Study Area Code Study Area Name		468017	
<020>	Program Year		NE Colorado Cellular, Inc. 2015	
<030>	Contact Name - Person USAC should contact regarding	this data	Mike Felicissimo	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif	ied in data line	<030> mike.felicissimo@viaero.com	
<142>	State			
1422	State	3.	4,775	<del></del>
<143>	County		SHORT SEASONIE	S40
<144>	Tribal Land(s) on which ETC Serves			
			70 (m) 1	
<145>	Tribal Government Engagement Obligation			
		Name of Attached	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,	No. Not Applicat	ole) for	
	each of these boxes to confirm the status described on		5.67.101	
	PDF, on line 145, demonstrates coordination with the T			
	government pursuant to § 54.1004 includes:			
			Select	
<146>	Needs assessment and deployment planning with a foo	us on Tribal	(Yes, No, Not Applicable)	
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
			<b>—</b>	
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	5		

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project Update Information FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8 <010> Study Area Code <015> Study Area Name NE Colorado Cellular, Inc. <020> Program Year 2015 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext. <039> Contact Email Address - Email Address of person identified in data line <030> mike, felicissimo@viaero.com <200> **Date Authorized to Receive Support** 07/23/2013 <201> **Targeted Completion Date** 07/31/2016 <202> **Total Mobility Fund Support Awarded** 7649568.44 <203> Total Mobility Fund Support Disbursed 2549856.15 <210> **Actual Completion Date** Colorado Sites in beginning stage.pdf <211> Project Status Description (attached) {Name of PDF attached} Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment 1 <215> Status of Network Deployment - Maintenance <216> **Project Budget Status** <217> **Project Plan Status** <218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

(101) Ceri	ification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	468017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: NE Colorado Cellular, Inc.			
Signature of Authorized Officer: CERTIFIED CNLINE	Date 06/30/2015		
Printed name of Authorized Officer: Mike Pelicissimo			
Title or position of Authorized Officer: Executive Vice Presiden	t		
Telephone number of Authorized Officer: 9705423605 ext.			
Study Area Code of Reporting Carrier: 468017	Filing Due Date for this form: 07/01/2015		

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	468017
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the re	porting carrier. I
also certify that I am an officer of the reporting carrier; m	responsibilities include ensuring the accuracy of the data reporting requirements provided to the auth	orized
agent; and, to the best of my knowledge, the reports and	Ita provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Beha	If of Reporting Carrier
	orized to submit the reports for Mobility Fund recipients of carrier; and, to the best of my knowledge, the information	on behalf of the reporting carrier; I have provided the data n reported herein is accurate.
Name of Reporting Carrier:	8 0 0 00	
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:	plant in a section of the section of	7500 - 10
Title or position of Authorized Agent or Employee of Agent	t	
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

**Attachments** 

(060) Coverage and Performance Report

FCC Form 690 Approved by OMB OM8 Control No. 3060-1185

Study Area Code	468017
Study Area Name	NE Colorado Cellular, Inc.
Program Year	2015
Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
Coverage and Performance Report Year	07/2014 - 06/2015
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>

<141>

<al></al>	<82>	<83>	   	<b>402</b>	<b3></b3>	xe1x	40	<b><c3></c3></b>	60 ·
ste	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
0	Saguache	0000	0	0	0	0.0	0.0	0.0	Yes
						<u> </u>			
			+						-
			+						
_			_	_		+			<del>                                     </del>
						1			
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_						-			1
									115001
	-						1		

Percentage of
<b>Total Population</b>
Reached by
Service

0		

Percentage of Total Road Miles covered by Service

# FCC FORM 690s FOR STATE OF NEBRASKA

SALES VALUE	MARKET TO THE	Annual Reporting		FCC Form Approved by DMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area	Code	378001	****
<015>	Study Area		NE Colorado Cellular, Inc.	
<020>	Program Y	ear	2015	ARRESTERIE
<030>		ame: Person USAC should contact ions about this data	Mike Felicissimo	MOOCH LEDINITED
<035>		elephone Number: the person identified in data line <03	9705423605 ext.	JUL = 1 2015  Federal Communications Commission
<039>		nail: ne person identified in data line <030>	mike.felicissimo@viaero.com	Office of the Secretary
<040>	<041>	Attach a description of the documen	1.009 been provided with a Form 481 filing (Y/	<u>(N)</u> <040>
	<042>	Cite the Study Area Code (SAC) for th	ne Form 481 reporting	<042>
<050>	Carrier Co	ontact Information	(complete attached worksheet)	<050>
<060>	Coverage :	and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rat	e Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lan	ds Reporting (y/n?) (Does this study are	ea cover tribal lands? Yes or No)	$\circ$
			(If yes, complete the attached worksheet)	<080>
<090>	Project Up	date Information	(complete attached worksheet)	<090>
<100>	Certification <101>		(complete attached certification)	<101>
	<102>	Agent Certification	(complete attached certification)	<102>

### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form		AND THE STREET STREET STREET	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		378001	
<015>	Study Area Name		NE Colorado Cellular, Inc.	15 20
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding		Mike Felicissimo	
<035>	Contact Telephone Number - Number of person identificant Email Address - Email Address - Email Address of person identificant Email Address - Email Em		9705423605 ext.	8 V 8 V 9 V
_ <0392	Contact Email Address - Email Address of person identifi	ned in data line <0302	mike.felicissimo@viaero.com	****
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0008314569		
<111>	Filing Carrier Name	NE Colorado Cellula	r, Inc.	
<112>	Winning Bidder Carrier Name	NE Colorado Cellula	r, Inc.	
<113>	Street Address (or PO Box)	1224 W Platte Avenu	e	
<114>	City	Fort Morgan		
<115>	State	со	la trace	
<116>	Zip-Code	80701	The same of the sa	
<117>	Telephone Number	9705423605 ext.		
<118>	Fax Number		THE PARTY OF THE P	
<119> Email Address 9708673589				
<120> <121> <122> <123> <124>	if same as above, indicate in this box  Name (First, MI, Last, Suffix)  Filing Carrier Name  Street Address (or PO Box)  City  State	Mike Felicissimo  NE Colorado Cellula:  1224 W Platte Avenue Fort Morgan  CO		
<125>	Zip-Code	80701	4 haus	
<126>	Telephone Number	9705423605 ext.		
<127>	Fax Number	9708673589	193.10 pt	-
<128>	Email Address	mike.felicissimo@vi	aero.com	
Authorize	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)		witi-	
<131>	Company			
<132>	Street Address (or PO Box)	5.00		
<133>	City		100	8190 C - 4
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
-130/	Endi radica	780	i i i	

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OM8 Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	378001
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year 07/2014 - 06/2015	
	Construction  Coverage and Performace attachements	not completed.zip

. .

<a1></a1>	<a2></a2>	<=3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt; d&gt;    </d>
-			Resident Population per	Resident Population Newly Reached		Road Miles per Census	Road Miles per Census Block Newly	Total Road Miles covered per Census	Certify that Coverage and Performance data is uploaded (Yes/no)
State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	
		1		see attach	od works	hoot	1	<b></b>	<b> </b>
				bee attach	EU WOIKS	leet			
		1					.1		1
		4							
			0	]			0	1	
	Populatio	age of Total n Reached by ervice			Percentage Road Miles of by Serv	overed			

(070) Vrl	oan Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	378001
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

C	ertification of Officer or Emplo	yee as to Compliance with 47 CI	FR §54.1009(a)(4)
certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my responsib	ilities include ensuring compliance wi	th 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: NE O	olorado Cellular, Inc.	200	
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/30/2015
Printed name of Authorized Officer:	Mike Felicissimo		
Title or position of Authorized Officer:	Executive Vice President		
Telephone number of Authorized Officer:	9705423605 ext.		
Study Area Code of Reporting Carrier:	378001	Filing Due Date for this form:	07/01/2015

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repo	orts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	e punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorize	o File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authoriz data provided by the reporting carrier; and, to the best of m	o submit the certification on behalf of the reporting carrier; I have provided the data reported herein base owledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	Filing Due Date for this form: unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment u Title 18 of the United States Code, 18 U.S.C. § 1001.

App OMI	Form 690 roved by OMB B Control No. 3060-1185 e S of 8
<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo Mike Felicissimo	
<010> Study Area Code 378001 <015> Study Area Name NE Colorado Cellular, Inc. <020> Program Year 2015 <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo	
<015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo Contact Telephone Number of Area (Area)	
<020> Program Year <030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo	
<030> Contact Name - Person USAC should contact regarding this data Mike Felicissimo Contact Telephone Number of Contact Telephone N	
<035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext.	
Prostedut Chair	
<039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com	
<142> State	
7075240   0x40700070	
<143> County	
1865 Tribal Landle) on which STC Server	
<144> Tribal Land(s) on which ETC Serves	
1165 Tribal Coursement Foresternant Obligation	
<145> Tribal Government Engagement Obligation  Name of Attached Document (.pdf)	d.
If your company serves Tribal lands, please select (Yes, No, Not Applicable) for	
each of these boxes to confirm the status described on the attached	
PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:	
government pursuant to 3 34.2004 includes.	
Select	
(Yes, No, Not Applicable)	
<146> Needs assessment and deployment planning with a focus on Tribal (Yes, No, Not Applicable)	
<146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; (Yes, No, Not Applicable)	
<146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <147> Feasibility and sustainability planning; (Yes, No, Not Applicable)	
<146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <147> Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	
<146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <147> Feasibility and sustainability planning; (Yes, No, Not Applicable)	
<146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <147> Feasibility and sustainability planning; <148> Marketing services in a culturally sensitive manner;	
<146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <147> Feasibility and sustainability planning; <148> Marketing services in a culturally sensitive manner; <149> Compliance with Rights of way processes	
<146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <147> Feasibility and sustainability planning; <148> Marketing services in a culturally sensitive manner; <149> Compliance with Rights of way processes <150> Compliance with Land Use permitting requirements	

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OM8 OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	378001
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<200> <201>	Date Authorized to Receive Support Targeted Completion Date	07/29/2013
<202>	Total Mobility Fund Support Awarded	209081.25
<203>	Total Mobility Fund Support Disbursed	69693.75
<210> <211>	Actual Completion Date Project Status Description (attached)	Nebraska Sites partialy complete.pdf
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.  Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	{Name of PDF attached}
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	<b>⊙</b> ○

(101) Cert	dication - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	378001
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

certify that I am an officer of the reporting carrier; my responsibilities in best of my knowledge, the information reported on this form and in any	nclude ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the attachments is accurate.
Name of Reporting Carrier: NE Colorado Cellular, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2015
Printed name of Authorized Officer: Mike Felicissimo	
Fitle or position of Authorized Officer: Executive Vice President	
Telephone number of Authorized Officer: 9705423605 ext.	
Study Area Code of Reporting Carrier: 378001	Filing Due Date for this form: 07/01/2015

(102) Cei	rtification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	378001
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015

Mike Felicissimo

9705423605 ext.

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; r agent; and, to the best of my knowledge, the reports an	is authorized to submit the information reported on behalf of the reporting carr sponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized apent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	5 CARS
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	4 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
Telephone number of Authorized Officer:	- culturi ar includante e i Lincoln
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
	orized to submit the reports for Mobility Fund recipients on behal carrier; and, to the best of my knowledge, the information reporte	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
ignature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent	t	
elephone number of Authorized Agent or Employee of Ag	gent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

**Attachments** 

. . . .

. . . .

(060) Co	werage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	378001
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year	07/2014 - 06/2015

<141>

<#1>	<42>	ca3> .	<b1></b1>	<b2></b2>	<h3></h3>	<cl></cl>	co de	<c3></c3>	<d>×d&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded {yes/no}
NE	Arthur	0000	0	0	0	0.0	0.0	0.0	Yes
			-			0.0	0.0		
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Percentage of Total Population Reached by Service

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Percentage of Total Road Miles covered by Service

0		

SALSCHE FAIRE	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	378002	ACCEPTED/EU ED
<015>	Study Area Name	NE Colorado Cellular, Inc.	ACCEPTED/FILED
<020>	Program Year	2015	JUL = 1 2015
<030>	Contact Name: Person USAC should contact with questions about this data	Mike Pelicissimo	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the Formation (SA	ed with the Form 481 reporting	<040> O
<050>	Carrier Contact Information	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)			
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>		elete attoched certification)	<101> 🗸
	<102> Agent Certification (comp	lete attached certification)	<102>

### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.